

**FILE COPY # 7 PB**

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS**  
*Application*

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	09/642,268
Filing Date	08/18/2000
First Named Inventor	Maureen A. Lally
Art Unit	2857
Examiner Name	Carol S. W. Tsai
Attorney Docket Number	100157.151

Please change the Correspondence Address for the above-identified application  
to:

Customer Number

23483

Type Customer Number here



23483

PATENT TRADEMARK OFFICE

OR

Firm or  
Individual Name

Hale and Dorr LLP

Address

60 State Street

Address

City

Boston

State

MA

ZIP

02109

Country

Telephone

617-526-6465

Fax

617-526-5000

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- Applicant/Inventor.
- Assignee of record of the entire interest.
- Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

**BEST AVAILABLE COPY**Typed or Printed  
Name

Gary A. Walpert

Signature

Date

4/27/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

**Burden Hour Statement:** This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

2/1

**FILE COPY**

PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS  
*Application***

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	09/642,268
Filing Date	August 18, 2000
First Named Inventor	Lally et al.
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	100.157.151

Please change the Correspondence Address for the above-identified application to:

Customer Number

Type Customer Number here

Place Customer  
Number Bar Code  
Label here

OR

Firm or  
Individual Name

Hale and Dorr LLP

Address

60 State Street

Address

City

Boston

State

MA

ZIP

02109

Country

U.S.A.

Telephone

(617) 526-6000

Fax

(617) 526-5000

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

Applicant/Inventor.

**BEST AVAILABLE COPY**


Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or Agent of record.

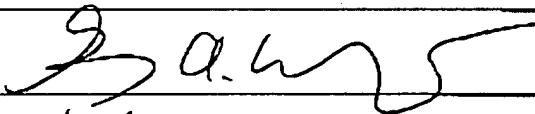
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed

Name

Gary A. Walpert, Registration No. 26,098

Signature



Date

7/3/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

Total of 1 forms are submitted.

**Burden Hour Statement:** This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.